

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90224 040 ***150.00

DOCUMENT # P96000099699

1. Corporation Name

TOTAL UNDERWRITERS INC.

Principal Place of Business

9485 SW 72 ST. #A295
A247
MIAMI FL 33173
US

Mailing Address

9485 SW 72 ST. #A295
A247
MIAMI FL 33173
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1996

4. FEI Number

65-0722441

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 7640 South gate Blvd

2a. Mailing Address

26 7640 South gate Blvd

Suite, Apt. #, etc.

22 # 11

Suite, Apt. #, etc.

27 # 11

City & State

23 N. Lauderdale

City & State

28 N. Lauderdale FL

Zip

24 33068

Country

25 Broward

Zip

29 33068

Country

30 Broward

9. Name and Address of Current Registered Agent

PEREZ, JORGE S
9485 SW 72 ST. #A295
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

Jorge S. Perez

82 Street Address (P.O. Box Number is Not Acceptable)

7640 South gate Blvd #11

83

84 City

N. Lauderdale

FL

85 Zip Code

33068

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, RENE T	
STREET ADDRESS	9485 SW 72 ST A 247	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	PVPT	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, JORGE	
STREET ADDRESS	9485 SW 72 ST A 247	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	PEREZ, JORGE S	
STREET ADDRESS	9485 SW 72 ST A 247	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	LILIA C PEREZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D	
1.3 STREET ADDRESS	7640 South gate Blvd	
1.4 CITY-ST-ZIP	N. Lauderdale FL 33068	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANCIS Wolkach	
2.3 STREET ADDRESS	7640 Southgate Blvd	
2.4 CITY-ST-ZIP	N. Lauderdale FL 33068	
3.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WA C Perez	
3.3 STREET ADDRESS	7640 Southgate Blvd	
3.4 CITY-ST-ZIP	N. Lauderdale FL 33068	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/99 954 7200007

CR2E034 (11/98)